SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

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G	FIELD COUNTY, WISCONSIN	PPEICA HOW FOR PERIOR
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Date: Refund: ermit #: 1-8-16

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. Bayfield Co. Zoning Dept

SEP

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nowledge that I (we) Iccept liability which whave access to the	lete. (we) ackr {we) further a ty ordinances to	TIES prect and comp issue a permit. hinistering coun	FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES [(we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) further accept fighting which am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept the providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) a many accompany in the control of the permit o	WITHOUT A PER he best of my (our) upon by Bayfield C	RTING CONSTRUCTION mined by me (us) and to t and that it will be relied to the construction of the constru	O OBTAIN A PERMIT or STA wing information) has been exa mation I (we) am (are) providin	FAILURE Ting any accompar	pplication (includi	l (we) declare that this a	
	×					II Ir	Other: (explain)			
	x)		Briezaphier	となけ	muctions	Special Use: (explain) M	Condition	4 -		
		- ×		,		Do (oxplain)	?]	··	
		×		/)	Alteration (specify)	Accessory Building Addition/Alteration	Accessor			
		×					Accessor		☐ Municipal Use	
		×			[6]	Addition/Alteration (specify)	Addition.			
			prep (actincies)	, or □ cooking & tood	☐ sleeping quarters, or	Bunkhouse w/ (□ sanitary, or	Bunkhou			
		~ ^ × ;	f-cilitian)		age	ା କ୍ର		se	Z Commercial Use	
7,11		××				with (2 nd) Deck				
	-	×				with a Deck				
		×				with (2 nd) Porch		- T	Kesidential Ose	
	.	×				with Loft				
800-le	18	× 26 ×	Aue		hack, etc.)	Residence (i.e. cabin, hunting shack, etc.)	Residence			
		×			ure on property)	Structure (first struct	Principal] .	Proposed ose	
Square Footage	sions	Dimensions		re	Proposed Structure			<u> </u>	Dronnced Jee	
6	Height:		Width: 26	~	Length: 48		9 appca	ion:	Proposed Construction:	Carleson
	Height:		Width:		Length:	is relevant to it)	va annilled for	# HD		a -
			□ None			l i		Cocie		
			☐ Compost Toilet	i de		No Basement	ness on	☐ Run a Business on		
	e contract)	re contract)	Privy (Pit) or \		10.1	☐ Basement	xisting bldg)	Relocate (existing bldg)		
2	e: Talais	Specify Typ	Exists) S	3				Conversion	\$500,000	
+		Specify Type:	☐ (New) Sanitary S	7	Year Round	1-Story + Loft	teration	Addition/Alteration	· —ī,	
□ City				[] H	☐ Seasonal	Z 1-Story	ruction	New Construction		Face of
Water	iem P	t Type of nitary System e property?	What 1 Sewer/Sani Is on the	# of bedrooms	Use	# of Stories and/or basement		Project	Value at Time of Completion * include donated time &	REAL NEW YORK AND
				-					□ Non-Shoreland	E25839 E
6	N a		- 400 teet	250	ff yes-continue	fyes			ŀ	
Y □ Yes	⊒ Yes		m Shorelir	Distance Structure is fro	or Flowage	Creek or Landward side of Flowage Tripopopularity (Personal Visional Creek of Lake, Pond or Flowage	Land within	reek or Land	☐ Shoreland —	(VP-0,098)
Are Wetlands Present?	Is Property in Floodplain Zone?		cture is from Shoreline :	Distance Structure	n (incl. Intermittent)	Is Property/Land within 300 feet of River, Stream (incl. Intermittent)	Land within	Is Property/		\$\$ \$\$ I
7. 38	9			ew	Boyth	Range L/ W	4 (N, Range	_ , Township	Section 2	
ge	Acreage	Ze	Lot Size		Town of:			1/4	1/4,	Ι
		vision:		4	Vol & Page	t Lot(s) CSM	Gov't Lot			, ALEA
(s) 25-26	Page	ne 1732		10000		<u>م</u> 6	on: (Use Tax	Legal Description: (Use Tax Statement)	PROJECT	14.55
Attached Yes No	Attached Yes	1878	\$ 50 B	78910 884 Wash	3730		tion on behalf of	(Person Signing Application on behalf of Owner(s))	Authorized Agent: (Person	ъ
Written Authorization	Written	\$\frac{1}{2}	was (include City/State/Zip):	cke lie	2-4691	<u> </u>	Construction	Coss	contractor:	n
- 3730 Phone:	Plumber Ph		15845	L. 54	25.6	eyash		i R	Address of Property: 78800 (Section)	Þ
g.		. 5489	lashburow.	<i>⊊</i> ~	78800 Balin RD	788/C	220	Rost	Badins	Τ
	£ .		Zip:	City/State/		ISE ☐ SANITARY ☐ PRIVY Mailing Address:	☐ LAND USE	STED-	TYPE OF PERMIT REQUESTED—	5 H
OTHER		F BOA	1	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		USSI	RMITS HAVE B	N UNTIL ALL PE	NOT START CONSTRUCTIO	8

of the owner(s) a letter of authorization must nusystem or letter Washburn of authorization must accompany this application) accompany this application) H3 Date

cknowledge that I (we) or accept flability which to have access to the

Owner(s):

(If there are Multiple Owp

eed All Ow

Authorized Agent:

Address to send permit

78910

3

Attach
Copy of Tax Statement
Goy our recently purchased the property send your Recorded Deed

Hold For Affidavit: Hold For Fees:	Hold For Sanitary: Hold For TBA:
Date of Approval:	Signature of Inspector:
Attached? Tes ING-(If No they need to be attached.) They are 4 Zerries Committee	Condition(s): Town, Committee or Board Conditions Atta
represent	Inspection Record: BLACA Messare to Date of Inspection: S-S-M
Were Property Lines Represented by Owner XYes Was Property Surveyed □ Yes	Was osed Bu
Previously Granted by Variance (B.O.A.) □ Yes ▼No Case #:	ay
No Mi	Is Parcel a Sub-Standard Lot
Permit Date: 11-8-16 70	Permit #: 1/0-04/0
Sanitary Number: # of bedrooms: Sanitary Date:	Issuance Information (County Use Only)
≤ 900 \	NOTICE: All Land Use Permi For The Construction Of New One & The local To
would surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be by a licensed surveyor at the owner's expense.	one previously surveyed corner to the other previously surveyed corner, or marked by a licensed surveyor at the owner's expense.
ie minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the set's expense. In the sethan thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from	Prior to the placement or construction of a structure within ten (10) feet of the minimum required other previously surveyed corner or marked by a licensed surveyor at the owner's expense. Driver to the absence or construction of a structure more than ten (10) feet but less than thirty (3)
Feet	Setback to Privy (Portable, Composting)
LI Feet Setback to Well 40 - 200	ing Tank
NOO Feet 20% Slope Area on property □ Yes ☐ NOO Feet Elevation of Floodplain See Man	
	Setback from the North Lot Line Setback from the South Lot Line
Feet Setback from the River, Stream, Creek Setback from the Bank or Bluff X0 - 250 Feet	Setback from the Established Right-of-Way
Cathool from the Lake (codings; birth matter more)	DESCRIPTION.
Changes in plans must be approved by the Planning & Zoning Dept. point) Measurement Description Measurement	(8) Setbacks: (measured to the closest point) Description Mea
	Please complete (1) - (7) above (prior to continuing)
AKE J (WE)	
The state of the s	
Citch Trees house for Resting	/
OT What Base	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
20 65 P	
All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%	Show: Show: Show any (*): Show any (*):
Proposed Construction North (N) on Plot Plan (*) Driveway <u>and</u> (*) Frontage Road (Name Frontage Road)	(1) Show Location of: Proposed (2) Show / Indicate: North (N) (3) Show Location of (*): (*) Drivev
gardless of what you are applying for)	le box below: Draw or Sketch your Property (regardless of what you are applying for)

BAYFIELD COUNTY SANITARY PERMIT APPLICATION



Zoning District _____

/burner Dated All Infor	ORMATIOI		L 6	J W	Soil Test	28-11	County Permit	No: //	1HO-0	<u>ප</u>			
(Please Print All Infon Property Owner's Nan	ne:	88 38	Burn	NE.	County			Bayfie		•			
	CRae		oct 2	7 2016	DeptiProperty Local SW1/4 SI Township:								
Address of Property:	ſ	////	00, =	Painos	SW ¹ / ₂ S	ation:	Ca T 1	//9 N. F	2 4	Ε	(or)(W)		
26630		1.	Bayfield C	0	Township:	V /4, UI	G	ov. Lot #:					
Property Owner's Mai					BAY	الاسا							
City, State		Zip Cod	e Pho	ne Numb	er Lot#	Block	#:	Subdivisi	on Name	or CSM	#:		
Ashlana	WI_	5480	4 1/	5-204	10								
II. TYPE OF BUILDIN	NG. (CITEC	K One)			Parcel ID	(-)					¥		
Public (Explain t	ne use/purp	oose)	Tax Number		/ A =				:		
T 4 as 2 Family Du	ollina - No	of Redroom	1S		O4008	<u>24905 (</u> plicable)	163059	<u> </u>	<u> </u>				
III. TYPE OF PERMI	T: (Check o		con line A cement	TX Col	inty Private Interce	entor							
A) New		Kepiat	Sellielli	7	anty (mate interes				•	(1)			
Reconne	ction	Repa	ir	Rev	rision ** 📙	Transfer of	Owner (Lis	st Previo	us Owne	r below)			
							00		0				
B)	nitary Pern	nit was prev	iously issu	ied. <i>Prev</i>	ious Permit Num	ber. <u>/2</u>	0 & Date	ssued: 🖠	EU/S	-0_			
IV. TYPE OF NON-F	LUMBING	SYSTEM:	(Check O	ne) *Rep	olacements need p	revious per	nit number	and date	filled out	above			
					gallons or								
C) L Pit Priv	<i>!</i> L	Vault Pri	ivy (va	uit size: _	gallons of	cable ye	iiuo,						
Portable Privy Camping Transfer Unit Container Composting Toilets Incinerating Toilet													
V. ABSORPTION SYSTEM INFORMATION: V. ABSORPTION SYSTEM INFORMATION: J. Absorption Rate 5. Perc. Rate 6. System 7. Final Grade													
1. Gallons 2. Absorp. Area 3. Absorp. Area 4. Loading Rate 5. Perc. Rate 6. System 7. Hital Glads (Calc. (Day./ Sq. Et.) (Min. Inch) Elev. (Feet) Elev. (Feet)													
Per Day R	equilea (O	4.7 (.)	p0000 (00	,				, <u> </u>					
VI. TANK		pacity	Total	# of	Manufacturer's	Prefab.	Site	Ctool	Fiber-	Plaetic	Exper.		
INFORMATION:	FORMATION: In Gallons Total # of Manufacturer's Pretab. Site Steel glass Plastic App.										. agA		
	MEM	Existing	Gallons	Idliks	Name	Concrete	Constructed		giact		. 4.4		
'e-mtic Tank-ne	Tanks		Canons	Idliks	Name	Concrete	Constructed		9.004				
Septic Tank or Holding Tank		Existing	Garreno	Idins	Name	Concrete	Constructed		y				
H olding Tank Lift Pump Tank /	Tanks	Existing	(000	idiks	Name	Concrete	Constructed		g				
Holding Tank Lift Pump Tank / Siphon Chamber	Tanks	Existing Tanks	1000		Wleser								
Holding Tank Lift Pump Tank / Siphen Chamber VII. RESPONSIBIL I the undersigned, a	Tanks 1 000 TY STATE ssume resp	Existing Tanks EMENT: Donsibility fo	(O CO		Mleser onsite sewage sys	tem shown o	on the attac	shed plans					
Holding Tank Lift Pump Tank / Siphon Chamber	Tanks 1 000 TY STATE ssume resp	Existing Tanks EMENT: Donsibility fo	(O CO		Mleser onsite sewage sys		on the attac	hed plans	S.				
Holding Tank Lift Pump Tank / Siphen Chamber VII. RESPONSIBIL I the undersigned, a Owner's Name(s):	Tanks 1 000 ITY STATE ssume resp (Print) If ap	Existing Tanks EMENT: Donsibility for Sections and the section of	r installati	on of the c	Mleser onsite sewage sys	tem shown of ignature(s)	on the attac (No Stam	hed plans	s. PRSW N				
Holding Tank Lift Pump Tank / Siphon Chamber VII. RESPONSIBIL I the undersigned, a Owner's Name(s): Plumber's Name: (I	Tanks OOO TY STATE ssume resp (Print)	Existing Tanks EMENT: consibility for section for Section (CSC)	r installation C above	on of the c	onsite sewage sys Owner's S Owner's S umber's Signature	tem shown of ignature(s)	on the attac (No Stam	hed plans ps) (MP/M 23	PRSW N	<u> </u>			
Holding Tank Lift Pump Tank / Siphen Chamber VII. RESPONSIBIL I the undersigned, a Owner's Name(s): Plumber's Name: (f Plumber's Address:	Tanks OOO TY STATE ssume resp (Print)	Existing Tanks EMENT: Consibility for plying for Section for Section for Section for State, Ziptic	r installation C above	on of the C	onsite sewage sys Owner's S Owner's Signature Home Phore	tem shown of ignature(s): (No Stam)	on the attac (No Stam	hed plans ps) MP/M 22 Busine	PRSW N	e:			
Holding Tank Lift Pump Tank / Siphon Chamber VII. RESPONSIBIL I the undersigned, a Owner's Name(s): Plumber's Name: (I	Tanks 1000 TY STATE ssume resp (Print) If appl (Street, Cl	Existing Tanks EMENT: Donsibility for section for Section ity State, Zip	ir installation C above A or B) abo Code)	on of the C	onsite sewage sys Owner's S Owner's Signature Home Phore	tem shown of ignature(s)	on the attac (No Stam	hed plans ps) MP/M 22 Busine	PRSW N	<u> </u>			
Holding Tank Lift Pump Tank / Siphen Chamber VII. RESPONSIBIL I the undersigned, a Owner's Name(s): Plumber's Name: (f Plumber's Address:	Tanks 1000 TY STATE ssume resp (Print) if appl (Street, Ci (LS) PARTMEN	Existing Tanks EMENT: Consibility for section for Section (1) Sec	on C above A or B) abo Code) Mc- Y	on of the constant of the cons	onsite sewage sys Owner's S owner's Signature Home Photo 715-7	tem shown of ignature(s): (No Stample:	on the attace (No Stam	hed plans ps) MP/M 22 Busine	PRSW N 2C1 4 E ess Phon 5-74 C	3 e: :- 228	4		
Holding Tank Lift Pump Tank / Siphon Chamber VII. RESPONSIBIL I the undersigned, a Owner's Name(s): Plumber's Name: (I Plumber's Address: 25376 VIII. COUNTY / DE	Tanks 1 000 TY STATE ssume resp (Print) f appl (Street, Ci (Street, Ci (Street) Disapp	Existing Tanks EMENT: Donsibility for section for Section ity State, Zip	or installation C above A or B) abo Code) McS	on of the constant of the cons	onsite sewage sys Owner's S Owner's Signature Home Photo 715-7 ermit/Transfer Fee	tem shown of ignature(s): (No Stam) 1946-22	on the attace (No Stam 2) CRU (No Stam os)	hed plans ps) MP/M 20 Busin 71	PRSW N 2C1 4 E ess Phon 5-74 C	3 e: :- 228	4		
Holding Tank Lift Pump Tank / Siphen Chamber VII. RESPONSIBIL I the undersigned, a Owner's Name(s): Plumber's Name: (I Plumber's Address: 25376 VIII. COUNTY / DE	Tanks COO TY STATE Ssume resp (Print) (Street, Cit Cooperation Co	Existing Tanks Tanks MENT: Consibility for Section for Section for Section for Section for Section for State, Zip Tuse Online for Given Initiates Determined	or installation C above A or B) abo Code) Mcs	on of the concept of	onsite sewage sys Owner's S Owner's S umber's Signature Home Photo 715-7 ermit/Transfer Fee	tem shown of ignature(s): (No Stam) 1946-22	on the attace (No Stam	hed plans ps) MP/M 20 Busin 71	PRSW N 2C1 4 E ess Phon 5-74 C	9-228 2-228 gnature /	4		
Holding Tank Lift Pump Tank / Siphon Chamber VII. RESPONSIBIL I the undersigned, a Owner's Name(s): Plumber's Name: (I Plumber's Address: 25376 VIII. COUNTY / DE	Tanks COO TY STATE Ssume resp (Print) (Street, Cit Cooperation Co	Existing Tanks Tanks MENT: Consibility for Section for Section for Section for Section for Section for State, Zip Tuse Online for Given Initiates Determined	or installation C above A or B) abo Code) Mcs	on of the concept of	onsite sewage sys Owner's S Owner's S umber's Signature Home Photo 715-7 ermit/Transfer Fee	tem shown of ignature(s): (No Stam) 1946-22	on the attace (No Stam 2) CRU (No Stam os)	hed plans ps) MP/M 20 Busin 71	PRSW N 2C1 4 E ess Phon 5-74 C	9-228 9-228	Date:		

CHECK BOX AS APPLICABLE. CHECK BOX AS APPLICABLE. SOIL EVALUATION PAGE 2 0 Scale: 1" = 50" **∠**| SYSTEM SITE MAP PROJECT NAME: Mcrae Attack design flow calculations for commercial plans. 26630 Co Hwy C PROJECT ADDRESS: Material / ASTM Standard (Tables 384.30-3 & 384.30-5) BM Symbol: BM Elevation: Force Main: BM Description: nail in Aspen Slope Gradient (%) of Tested Area: Indicate north by IMPORTANT: Well Symbol (if applicable): O drawing an arrow Show ground elevation contours at suitable intervals. on the approprite line NO P.L. are within 50' Of Proposed Tank & Force Main Exsisting A 1000 gallen Wieser Septer Tente Septic System Eygistiv Man Property Man 1000 gallon Wieser tank W/Zoeller Z930004 Rup Drive War

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

> APPLICATION FOR PERMIT
> BAYFIELD COUNTY, WISCONSIN Date Shapp (Reserved) 5 (FUT) ENTERED

NOV 03 2016

			Wilder Parker
Refund:	Amount Paid:	Date:	Permit #:
	#85 11-346	11-10-16	SIFO-91

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED

Bayfield Co. Zoning Depl

	☐ Is Property/Land within 300 feet of River, Stream (ind. Intermittent) Creek or Landward side of Floodplain? If yescontinue —▶	Section <u>LO</u> , Township <u>77</u> N, Range <u>U7</u>	- 1	SW 1/4, SE 1/4 Gov't Lot Lot(s)	LOCATION Legal Description: (Use Tax Statement)	DROTT		uthorized Agent: (Person Signing Application on behalf of Owner(s))		ontractor:	77130 HWY 13		MICHARD NULLAY	Winer's Name:	YPE OF PERMIT REQUESTED—▶ ☐ LAND USE ☐ SAN
	er, Stream (ind. Intermittent) If yescontinue —	*		CSM	667	Tax ID# (4-5 digits)		Agent Phone:	115 201 0000	Contractor Phone:	とくらいる	City/State/Zip:	PO BOX 354	Mailing Address:	□ SANITARY □ PRIVY
	mittent)	1881	Town of:	Vol & Page					05	: , PI	300~		25.5)	
	Distance Structure is from Shoreline :	Savulew		Lot(s) No.	American			Agent Mailing Address (include City/State/Zip):		Plumber:	WashBurn Wi. 54691	•			☐ CONDITIONAL USE ☐ SPECIAL USE
	re is from Sho			Block(s) No.	To an Addition Processing			ss (include City/9			54891		WASINBURN, W,	te/Zip:	SE 🗆 SPEC
	eline : feet		Lot Size	Subdivision:	Document #:	Recorded Dee		state/Zip):					2	ę,	IAL USE
	Is Property in Floodplain Zone?		<u></u>	on:	# V III /	d (i.e. # assigi				Plu		Cell		£89]	☐ B.O.A. ☐ OTHER_
_			Acreage		R- 200	ned by Regi	□ Yes □ No	Written Authorization Attached	1	Plumber Phone:		Cell Phone:	93	ephone:	□ OTH
	Are Wetlands Present?		7		000	ster of Deeds	٥	orization		ie:			715 20 0005	\	R

- Antique de la constant de la const					00000	· ·		Value at Time of Completion * include donated time & material	Non-Shoreland	☐ Shoreland →			
The state of the s		Property	Run a Business on	☐ Relocate (existing bldg)	□ Conversion	☐ Addition/Alteration	New Construction	Project		1	☐ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yescontinue —▶		
		□ Foundation	□ No Basement	☐ Basement	☐ 2-Story	☐ 1-Story + Loft	■ 1-Story	# of Stories and/or basement		າ 1000 feet of Lake, Pon lf y	ነ 300 feet of River, Stre of Floodplain?		
	-					Year Round	☐ Seasonal	Üse		Pond or Flowage			
			None	None	None		□ 3	□ 2	—	# of bedrooms		Distance Stru	Distance Stru
	None	□ Compost Toilet	☐ Portable (w/service contract)	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	☐ Sanitary (Exists) Specify Type:	☐ (New) Sanitary Specify Type:	☐ Municipal/City	What Type of Sewer/Sanitary System Is on the property?		Distance Structure is from Shoreline : feet	Distance Structure is from Snoreline:		
			ntract)	Ilted (min 200 gallon	ify Type:	fy Type:		oe of Y System operty?		□ Yes No	Is Property in Floodplain Zone?		
						- Well	□ City	Water		☐ Yes No	Are Wetlands Present?		

Existing Structure: (if pe Proposed Construction:

(if permit being applied for is relevant to it)

Length:

Width: Width:

Height:

	100 March 200 Ma			CHIEFT OF
Proposed Use	٠,	Proposed Structure	Dimensions	Footage
i de la companion de la compan		Principal Structure (first structure on property)	(X)	
		Residence (i.e. cabin, hunting shack, etc.)	(x)	
		with Loft	(x)	
Residential Use		with a Porch	(x)	
•	-	with (2 nd) Porch	(x)	
		with a Deck	(×)	
		with (2 nd) Deck	(x)	
Commercial Use		with Attached Garage	(x)	
•		Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)	(×)	
		Mobile Home (manufactured date)	(x)	
The state of the s		Addition/Alteration (specify)	(×	
Municipal Use		Accessory Building (specify) COMNERCY STOMSE	(8 × %)	28
		Accessory Building Addition/Alteration (specify)	(×	٠
	med &			
- C		Special Use: (explain)	(X)	
Secretarial Staff		Conditional Use: (explain)	(x)	
September 1997 Addition and Company of the Company		Other: (explain)	(x)	

URE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES companying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) all information I (we) arm (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which information I (we) arm (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the county officials charged with administering county ordinances. **\(\sigma\)**

	Authorized Agent:
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)	

sign or letter(s) of authorization must accompany this application)

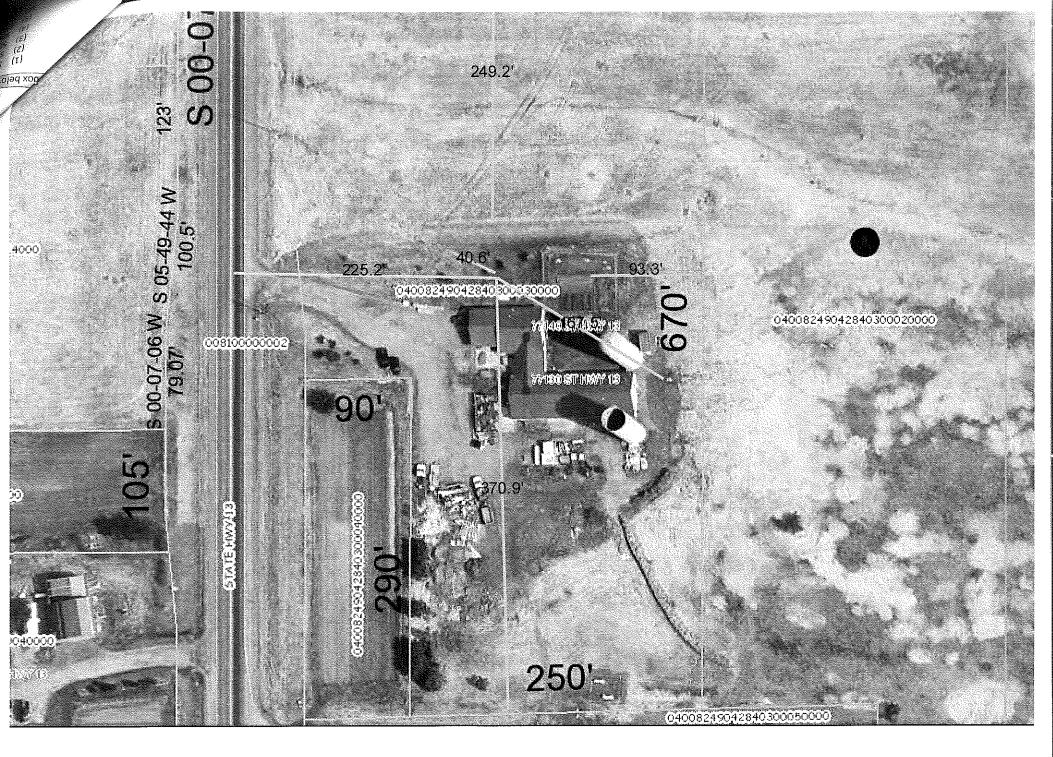
Owner(s): (If there a

Address to send permit

Date

Date

Hole	Sign	Cong	Insp	Wa	Grar Grar	Is P	Pern	lsst.		Prior one p marke	Prior other	Sett	Cath	Setk	Setk	Sett	Setb	25		70				in the second
Hold For Sanitary:	Cowwey	Condition(s): Town, Committee	Inspection Record Carpany	Was Parcel Legally Created Was Proposed Building Site Delineated	Granted by Variance (B.O.A.) Yes No	Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	Permit #: /	Issuance Information Permit Denied (Date):		to the plac reviously s ed by a lice	to the place	ack to		Setback from the V	Setback from the North Lot Line Setback from the South Lot Line)ack tro	Setback fro			Please c				
	Inspec	: Town	ecord:	Was F	Variano	el a Sub Commi ure No	6	Inforn ed (Dat	(9)	ement or surveyed o	ement or	Drain F		m the	m the I	m the	m the		(8)	omple		($\langle v \rangle$	(1) (2) (3) (4) (5) (6) (7)
	Recorded Applications	Committee		arcel Le	e (B.O./	-Standa on Own n-Confo	16-0418	nation	Stake o	construct corner to t	construct	ield	Tank o	West Lo	North L	Establis	Centerl	Description	Setbac	te (1) -		i	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Show Location Show Location Show Location Show Location Show: Show: Show: Show any (*): Show any (*):
	तर्ह	ittee or		gally Cr te Delin	2	rd Lot ersnip rming			NOTIC e Constr	on of a str he other p e owner's	on of a str	7	Holdin	e West Lot Line	ot Line ot Line	ned Kig	ne of P	ption	ks: (me	(7) ab				vor Ska ocation Indicate ocation ocation ov (*): ov (*):
Hold F	是言系	e or Board Conditions Atta	车人	I	Case #:	☐ Yes☐ Yes☐ Yes☐ Yes☐		(County Use Only)	(Propo	ucture moi reviously si expense.	ucture with	Setback to Drain Field	Task			nt-ot-v	from the Centerline of Platted Road		Setbacks: (measured to the closest point)	complete (1) – (7) above (prior to continuing)			272	Show Location of: Show Location of (*): Show Location of (*): Show: Show: Show: Show: Show any (*): Show any (*):
Hold For TBA:		ondition	3	XX es		(Deed o		Only)	sed Log and Use of New (re than ten urveyed co	iin ten (10 surveyor					Vay	coad		to the	or to co			0	Pro Nor (*) (*) (*) (*) (*) (*) (*) (*) (*) (*)
ĭ	E ST	s Attach	- 1	S S		(Deed of Record)(Fused/Contiguous Lot(s))			Cation() Permits One & Too ocal Too	(10) feet b	feet of the			·					closest	ntinuine			Q 4 Q	posed (th (N) of th (N) of Drivewa Existing Well (W Well (W Lake; (*
	中美	ched?	3 }			us Lot(s))	Permit Date:	Sanitar Réason	s) of Ne Expire (wo Fami vn, Villa)	out less tha	e minimun			2007	070	761	77.S	Meas	point)				U	Proposed Construction North (N) Off Plot Plan (*) Driveway and (*) Frontage Road (All Existing Structures on your Propel (*) Well (W); (*) Septic Tank (ST); (*) (*) Lake; (*) River; (*) Stream/Creek; (*) Wetlands; or (*) Slopes over 20%
Hold	多元是	red? Tes, I	188				Date:	Sanitary Number: Reason for Denial:	w Cons One (1) Ily Dwell ge, City,	in thirty (3 the Depart	n required							Measurement						of wha ction ylan *) Fron ires on sptic Ta (*) Stre () Slope
Hold For Affidavit:	25. 25. 5/25/25/25/25/25/25/25/25/25/25/25/25/25	No - (F	景景			333	11-10		truction Year fro ling: All State or	2) feet fron Iment by u	setback th	Feet		Feet	Feet	reet	Feet	#						tyoual tage Ro your Pronk (ST); am/Cro
davit:		No they	S S S S S S S S S S S S S S S S S S S	W	Previ	Mitig	0-16	2 2 2 2), <u>Septio</u> m the D Munici	n the mini se of a con	e boundar	L C	C	20 Fl	Se	Se Se	Se							e apply ad (Nar operty (*) Dra sek; or 1
	12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	need to	Oxford Oxford	re Prop	Dusly Gr	ation Re ation At	0		Tank (9 ate of Is palities lagencie	num requi ected com	y line from	Serback to sven	thack to	% Slope	back fr	back fr	tback fr							(1) Show Location of: (2) Show / Indicate: (3) Show Location of (*): (4) Show: (5) Show: (6) Show: (7) Show any (*): (8) Driveway and (*) Frontage Road (Name Frontage) (8) Show: (9) Carbon of (*): (1) Show: (1) Show: (2) Show / Indicate: (3) Proposed Construction (4) Proposed Construction (5) Proposed Construction (6) Proposed Construction (7) Proposed Construction (8) Proposed Construction (9) Proposed C
İ	\$ \$ \$	Yes, □ No - (If No they need to be attached.)	\$ 25 E	Were Property Lines	Previously Granted by ☐ Yes ☐ No	Mitigation Required Mitigation Attached			te or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), a NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.	Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setbs one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the promarked by a licensed surveyor at the owner's expense.	dary line from which the setback	82.01	Micil	20% Slope Area on property Flavation of Floodplain	om Wei	Setback from the Bank or Bluff	om the		Cha					Proposed Construction North (N) Oh Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%
Hold For Fees:	子克莱	ched.)	5	ws Repre Was P	/ Variance	□ Yes		# of bedrooms:	in field I	k, the bour	setback m			in prop	tland	Bank or	Lake (o	Desc	nges in					ad) H oldi
r Fees;		É	2 T	Represented by Owner Was Property Surveyed	ce (B.O.A.)	\ \ \		rooms:	DE), House H	ndary line f orner withi	ust be mea			erty		ream,	rdinary	Description	plans m					ng Tank
	4	F	T.	oy Owne Surveye	ŀ	00)			Idling Ta r Use ha t The Un nits.	rom which n 500 feet	sured mus					Creek	high-wa		ust be a					(HT) ar
	\$ \$ [S			Case #:	Affida Affida		Sar	ank (HT Is not be iform D	the setbac	t be visible						ater ma		pprovec					ıd/or (*
	Date of	200	Zoning District Lakes Classifica	Yes		Affidavit Required Affidavit Attached		Sanitary Date:), <u>Privy</u> gun. welling (k must be posed site	le from one						ark)		by the) Privy
4	Date of Approval	- Co	Zoning District Lakes Classification (out the second				Ē	(P), and Code.	measured of the stru	previously			☐ Yes				Z	Plannin					(P)
	2 76		五子	and the second s		□ Yes			Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W). NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.	ack must be measured must be visible from oposed site of the structure, or must be	r surveγed	Ĉ	5	:5				Measurement	lg & Zon		\			
	Trans.			X = No		No No			<u>`</u>	sible from ust be	previously surveyed corner to the	י הפינ	m	□ No	Fe	Feet	F 6	nent	Changes in plans must be approved by the Planning & Zoning Dept.					
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Recorded Map State

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